Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D2272473	11/05/2025
Name of Provider or Supplier	**Street Address, City, State**	
Texoma Associated Dermatologists	230 E Sycamore Suite 305, Sherman, TX	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D0000	An onsite recertification survey was conducted on 11/05/2025. The laboratory was found to be in substantial compliance with CLIA regulations 42 CFR Part 493. Standard level deficiencies were cited.
D5781	CORRECTIVE ACTIONS CFR(s): 493.1282(b)(1) (b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(1) Test systems do not meet the laboratory's verified or established performance specifications, as determined in 493.1253(b), which include but are not limited to-- (b)(1)(i) Equipment or methodologies that perform outside of established operating parameters or performance specifications; (b)(1)(ii) Patient test values that are outside of the laboratory's reportable range of test results for the test system; and (b)(1)(iii) When the laboratory determines that the reference intervals (normal values) for a test procedure are inappropriate for the laboratory's patient population. This STANDARD is not met as evidenced by: Based on review of laboratory's Daily Maintenance Logs and confirmed in interview, the laboratory failed to document corrective action when room temperature ranges were not within the laboratory's specifications for 7 of 31 days in 2025 (January-August). Findings included: 1. Review of the laboratory's "DAILY MAINTENANCE LOG" from January 2025 through August 2025 revealed the laboratory had an established acceptable temperature range of 65 degrees Fahrenheit (F) to 86 degrees F. Further review of the laboratory's Daily Maintenance Logs revealed 7 of 31 days in 2025 when the room temperature exceeded the laboratory's acceptable range of 65 degrees F to 86 degrees F and no corrective action was documented as follows: 02/18/2025: 62.8 F 03/25/2025: 64.4 F 04/24/2025: 64 F 07/28/2025: 64.1 F 08/12/2025: 64 F 08/15/2025: 64 F 08/22/2025: 64 F 2. During an interview on 11/05/2025 at 10:17 a.m., the laboratory representatives, after a review of records, confirmed the laboratory

	failed to document corrective action when room temperature ranges were not within the laboratory's specifications for 7 of 31 days in 2025 (January-August).
D5805	TEST REPORT CFR(s): 493.1291(c) (c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability. This STANDARD is not met as evidenced by: Based on review of the laboratory policies, Mohs maps, and confirmed in interview, the laboratory failed to include the key on the Mohs map for the symbols indicating the marking dyes on the sections used on 20 of 20 Mohs maps reviewed in 2024 and 2025. Findings included: 1. Review of the laboratory's policy "MOHS Tissue Collection and Preparation" stated: "Preparation & Mapping ... The specimen is drawn to actual size on the map card. Nicks in the margin of the specimen are also Indicated on the map card. The specimen may be inked with colored tissue ink to make each section unique. The Inking of the edges is reflected on the map card." The policy failed to define the symbols drawn on the Mohs maps indicating the marking dyes on the sections used on the Mohs map. 2. Random review of 20 patient Mohs maps from 12/09/2024 and 10/27/2025 showed symbols for the marking dyes used, but there was no key on the map to show what colors the symbols were, as listed by date of service and patient ID number: Date of service: 12/09/2024 Patient MOHs #: 406, 407, 408, 409, 410, 411, 412, 413, 414 Date of service: 10/27/2025 Patient MOHs #: 423, 242, 425, 426, 427, 428, 429, 430, 431, 432, 433 3. During an interview on 11/05/2025 at 10:57 a.m., the laboratory representatives, after a review of records, confirmed the laboratory failed to include the key on the Mohs map for the symbols indicating the marking dyes on the sections used on 20 of 20 Mohs maps reviewed in 2024 and 2025.